

HIPAA – FORM D
PEDIATRIC ASSOCIATES

**REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF
PROTECTED HEALTH INFORMATION FOR NON-TPO PURPOSES**

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice. Your request must state a time period, which may not be longer than six (6) years and **may not include dates before April 14, 2003**. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however the practice will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures made by the practice, you must submit your request in writing to:

Chester Slonaker, MD, CHCO
Compliance Department
Pediatric Associates
900 S. Pine Island Road, Suite 800
Plantation, FL 33324.

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Chart / Account #: _____

Street

City, State Zip

Phone

Signature of Patient or Legal Guardian

Date

FOR INTERNAL PURPOSES ONLY:

Date Request Received: _____

Date Compliance Officer Received this request: _____